

CANCELLATION, CONTINUATION, OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-507 and 53-508, Idaho Code, the undersigned gives notice of the action(s) indicated below:

99 MAY 12 AM 8:40

SECRETARY OF STATE
STATE OF IDAHO

FILED

1. The assumed business name is: DIMAR TREASURES
2. The assumed business name was filed with the Secretary of State's Office on 4-16-99 as file number 025130
3. ☐ Cancellation. The persons who filed the certificate no longer claim an interest in the above assumed business name and cancel the certificate in its entirety.
4. ☐ Continuation. The persons who filed the certificate continue use of the above assumed business name for another 5 years (may be filed up to 6 months prior to the lapse date).
5. ☒ The assumed business name is amended to: MARLENE'S SHOWCASE OF TREASURES
6. ☐ The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follow:

Add:	Delete:	Name:	Address:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>DIANE FITZPATRICK</u>	<u>218W F #105-June, ID</u>
<input type="checkbox"/>	<input type="checkbox"/>		<u>83338</u>
<input type="checkbox"/>	<input type="checkbox"/>		

7. ☐ The type of business is amended to read:

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input checked="" type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining
8. ☐ The name and address to which future correspondence should be addressed is changed to read:

MARLENE 2630 Paintbrush Dr. - Twin Falls, Id 83301

9. Name and address for this acknowledgment copy is:

Marlene Marion
2630 Paintbrush Drive
Twin Falls, Id 83301

Signature: Marlene MarionPrinted Name: MARLENE MARIONCapacity: OWNER - SOLE PROPRIETOR

(see instruction # 4 on back of form)

Revision 289 g:\corp\forms\labnchag pms

Secretary of State use only
IDAHO SECRETARY OF STATE05/12/1999 09:00
CK: 153 CT: 114216 BH: 216100

1 @ 10.00 = 10.00 ASSUM AMEN # 2

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